

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Federal Office of Rural Health Policy

***Rural Communities Opioid Response Program
Rural Centers of Excellence on Substance Use Disorders***

Funding Opportunity Number: HRSA-19-108

Funding Opportunity Type: New

Catalog of Federal Domestic Assistance (CFDA) Number: 93.155

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: June 10, 2019

***Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.***

Issuance Date: April 25, 2019

Aaron Beswick, MSW, MPH
Public Health Analyst, Federal Office of Rural Health Policy
Telephone: (312) 353-7214
Email: ABeswick@hrsa.gov

Authority: Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)), as amended; Public Law No. 115-245

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2019 Rural Communities Opioid Response Program – Rural Centers of Excellence on Substance Use Disorders (RCORP-RCOE). The purpose of this program is to support the identification, translation, dissemination, and implementation of evidence-based programs and best practices related to the treatment for and prevention of substance use disorders (SUD) within rural communities, with a focus on the current opioid crisis and developing methods to address future SUD epidemics. The program outlines three Focus Areas, to each be addressed by one RCORP-RCOE recipient. Focus Area 1 emphasizes innovative and effective treatment interventions for SUD, particularly OUD, in rural communities; Focus Area 2 emphasizes recovery housing programs for SUD intervention in rural communities; and Focus Area 3 emphasizes the burden of overdose mortality related to the misuse of synthetic opioids in rural communities in the Delta and/or Appalachian regions.

Funding Opportunity Title:	Rural Communities Opioid Response Program – Rural Centers of Excellence on Substance Use Disorders
Funding Opportunity Number:	HRSA-19-108
Due Date for Applications:	June 10, 2019
Anticipated Total Annual Available FY 2019 Funding:	\$20,000,000
Estimated Number and Type of Awards:	Up to three cooperative agreements
Estimated Award Amount:	Up to \$6,600,000 for the period of performance
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2019 through August 31, 2022 (3 years)

Eligible Applicants:	<p>Eligible applicants include all domestic public or private, non-profit or for-profit entities, including state, county, or city or township governments; independent school districts; public housing authorities or Indian housing authorities; public or private institutions of higher education; small businesses; faith-based and community-based organizations; and federally recognized tribes, tribal organizations, and tribal governments; or consortia of these organizations.</p> <p>See Section III.1. of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf>, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Tuesday, May 7, 2019

Time: 1:00 – 2:30 p.m.

Call-In Number: 1-888-324-7521

Participant Code: 4030336

Weblink:

https://hrsa.connectsolutions.com/rural_communities_opioid_response_program-rural_centers/

Playback Number: 1-800-839-5154

Passcode: 43019

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Communities Opioid Response Program – Rural Centers of Excellence on Substance Use Disorders (RCORP-RCOE). RCORP-RCOE is part of the RCORP initiative, which is a multiyear effort to reduce the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in rural communities at the highest risk for these conditions. RCORP-RCOE will provide up to three years of funding to support three Rural Centers of Excellence (Centers) on SUD.

The purpose of RCORP-RCOE is to support the identification, translation, dissemination, and implementation of evidence-based programs and best practices “related to the treatment for and prevention of substance use disorders within rural communities, with a focus on the current opioid crisis and developing methods to address future substance use disorder epidemics.”¹

The Centers will engage in research to identify “science-based prevention, treatment, and other risk reduction interventions, including community-based approaches that may be replicable in other rural communities and associated professional training.”² After identifying rural-relevant interventions, the Centers will serve as a resource for “scientific and technical assistance to county and state health departments and other entities as identified seeking guidance on how to address the substance use disorder challenges in their community.”³ Other such entities in rural communities may include, but are not limited to, state offices of rural health (SORHs), critical access hospitals (CAHs), rural health clinics (RHCs), and other rural health care providers. Training and technical assistance (TA) should help rural communities translate best practices to their unique community settings and implement those practices to reduce the morbidity and mortality related to SUD, particularly OUD, in their area.

Over the three-year period of performance, the Centers should demonstrate how scientific and technical assistance and professional training related to evidence-based SUD interventions can improve prevention, treatment, and recovery in rural communities, with a focus on OUD. The Centers should also demonstrate how their programming improves health and other outcomes as well as systems for addressing current and future SUD epidemics in rural communities.

Applicants are subject to separate eligibility criteria specified by Congress (see [Section III.1](#) for more information) that correspond to one of three Focus Areas described

¹ Senate Report 115-289, Departments of Labor, Health and Human Services, and Education, and related agencies appropriation bill, 2019, at 58 (2018, June 28). Retrieved from <https://www.congress.gov/115/crpt/srpt289/CRPT-115srpt289.pdf>

² *Ibid.*

³ House Report No. 115-952, Division B, Title II – Department of Health and Human Services, at 521-522 (2018, September 13). Retrieved from <https://www.congress.gov/115/crpt/hrpt952/CRPT-115hrpt952.pdf>

below. **Each Center must satisfy only one eligibility criterion and select the corresponding Focus Area.**

Focus Area 1: Innovative and effective treatment interventions for SUD, particularly OUD, in rural communities

The purpose of this Focus Area is to identify, translate, and disseminate evidence-based programs and best practices related to the implementation of innovative and effective treatment interventions for SUD, particularly OUD (such as the hub-and-spoke model⁴), in rural communities as designated by the Health Resources and Services Administration (HRSA).⁵ This Center should provide scientific and technical assistance and training to rural communities to support implementation of such programs and practices. This Center is also encouraged to develop innovative treatment interventions for SUD, particularly OUD, including “patient-centered and family-based approaches to address the generational impacts of substance abuse;”⁶ and mitigate workforce and service delivery challenges common in rural communities, including those unique to RHCs, CAHs, and other rural providers.

Focus Area 2: Best practices in recovery housing programs for SUD, particularly OUD, intervention among low-income, high-risk individuals in rural communities

The purpose of this Focus Area is to identify, translate, and disseminate evidence-based programs and best practices related to recovery housing programs for SUD intervention and other interventions for low-income, high-risk individuals who reside in rural communities as designated by HRSA. This Center should provide scientific and technical assistance and training to support implementation of such programs and practices. This Center is also encouraged to address other treatment and prevention services for low-income, high-risk individuals who reside in rural areas, including persons involved with the criminal justice system.

Focus Area 3: Addressing synthetic opioid-related overdose mortality in rural communities in the Delta and/or Appalachian regions

The purpose of this Focus Area is to identify, translate, and disseminate evidence-based programs and best practices to address the disproportionate burden of overdose mortality due to use of synthetic opioids in the Delta or Appalachian regions, focused on rural communities as designated by HRSA. This Center should provide scientific and technical assistance and training to support implementation of such programs and practices. This Center is also encouraged to respond to the unique factors in the Delta and/or Appalachian regions that may contribute to the misuse of synthetic opioids in rural communities, including underlying social, economic, and environmental conditions.

⁴ For more information on the hub-and-spoke model, see descriptions of the model in California and Vermont in the final report prepared for the Office of the Assistant Secretary for Planning and Evaluation (ASPE) on state and local policy levers for increasing treatment and recovery capacity to address the opioid epidemic at <https://aspe.hhs.gov/system/files/pdf/259511/SLlevers.pdf>.

⁵ See the HRSA Rural Health Grants Eligibility Analyzer at <https://data.hrsa.gov/tools/rural-health> to identify HRSA-designated rural counties or rural Census tracts in urban counties.

⁶ Senate Report 115-289 at 58: <https://www.congress.gov/115/crpt/srpt289/CRPT-115srpt289.pdf>

2. Background

This program is authorized by Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)), as amended, and Public Law 115-245.⁷

On October 26, 2017, the U.S. Department of Health and Human Services (HHS) declared the opioid crisis a nationwide public health emergency.⁸ The burden of SUD, including OUD, does not affect all populations equally, however. For example, the rate of drug overdose deaths per 100,000 persons in rural areas surpassed rates in urban areas in 2006 and remain higher as of 2015 (17.0 vs. 16.2, respectively).⁹ Specific geographic areas with large rural populations and higher levels of poverty, unemployment, and other risk factors, such as Appalachia and parts of the South, are also more heavily affected by overdose deaths.¹⁰ In addition to overdose deaths involving prescription opioids and illicit drugs, continuing surveillance of the evolving opioid epidemic has identified misuse of illicitly manufactured fentanyl and other synthetic opioids as a growing concern for communities across the country.¹¹ This includes rural areas where the overdose death rate involving synthetic opioids rose by as much as 146 percent between 2013 and 2014 in some hard-hit states.¹²

The response to health care crises like the opioid epidemic can benefit from partnerships between academic universities and health practitioners to translate research findings to clinical and public health practices. One such type of partnership is a “center of excellence,” specialized programs that offer a comprehensive, interdisciplinary approach to specific health care issues.¹³ An effective center of

⁷ Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019, Pub. L. No. 115-245, Division B, Title II (2018, September 28). Retrieved from <https://www.congress.gov/115/bills/hr6157/BILLS-115hr6157enr.pdf>

⁸ U.S. Department of Health and Human Services. (2017, October 26). *Determination that a public health emergency exists*. Retrieved from <https://www.hhs.gov/sites/default/files/opioid%20PHE%20Declaration-no-sig.pdf>

⁹ Mack, K. A., Jones, C. M., & Ballesteros, M. F. (2017, October 20). Illicit drug use, illicit drug use disorders, and drug overdose deaths in metropolitan and nonmetropolitan areas – United States. *MMWR Surveillance Summaries*, 66(SS-19), 1-12. DOI: <http://dx.doi.org/10.15585/mmwr.ss6619a1>

¹⁰ Ghertner, R., & Groves, L. (2018, September 11). *The opioid crisis and economic opportunity: Geographic and economic trends*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Retrieved from <https://aspe.hhs.gov/system/files/pdf/259261/ASPEEconomicOpportunityOpioidCrisis.pdf>

¹¹ Centers for Disease Control and Prevention. (2018, July 11). *Rising numbers of deaths involving fentanyl and fentanyl analogs, including carfentanil, and increased usage and mixing with non-opioids* [HAN-00413]. Retrieved from <https://emergency.cdc.gov/han/HAN00413.asp>

¹² Gladden, R. M., Martinez, P., & Seth, P. (2016, August 26). Fentanyl law enforcement submissions and increases in synthetic opioid-involved opioid deaths – 27 states, 2013-2014. *Morbidity and Mortality Weekly Report*, 65(33), 837-843. DOI: <http://dx.doi.org/10.15585/mmwr.mm6533a2>

¹³ Elrod, J. K., & Fortenberry, Jr., J. L. (2017). Centers of excellence in healthcare institutions: What they are and how to assemble them. *BMC Health Services Research*, 17(S1), 425. DOI:

excellence will deliver successful care models or best-practice methods that have been backed by rigorous analysis and research. Several care models and best practices exist to prevent and treat SUD, including OUD.¹⁴ However, rural communities often face challenges translating these and other evidence-based programs and practices to their unique settings,¹⁵ such as insufficient financial resources, treatment infrastructure, and staff capacity.¹⁶ Centers supported by HRSA can help county and state health departments and other entities as identified in rural areas address these unique challenges to successfully implement interventions for SUD, particularly OUD, with evidence of effectiveness in rural settings, while also building long-term rural capacity to respond to SUD epidemics.

HRSA has a number of investments targeting SUD, including OUD, across the agency that applicants may be able to leverage. You can find more information on HRSA-supported opioid resources, technical assistance, and training at <https://www.hrsa.gov/opioids> and HRSA's other rural health programs at <http://www.hrsa.gov/ruralhealth>. You may also find more information on additional federal resources to help address opioid misuse in rural communities in the Rural Resource Guide at <https://www.rd.usda.gov/files/RuralResourceGuide.pdf>.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

<http://dx.doi.org/10.1186/s12913-017-2340-y>

¹⁴ For example, see the Substance Abuse and Mental Health Services Administration (SAMHSA) Evidence-Based Practices Resource Center at <https://www.samhsa.gov/ebp-resource-center>.

¹⁵ Anderson Smith, T., Foxworth Adimu, T., Phillips Martinez, A., & Minyard, K. (2016). Selecting, adapting, and implementing evidence-based interventions in rural settings: An analysis of 70 community examples. *Journal of Health Care for the Poor and Underserved*, 27(4), 181-193. DOI: <http://dx.doi.org/10.1353/hpu.2016.0179>

¹⁶ Spoth, R. (2007). Opportunities to meet challenges in rural prevention research: Findings from an evolving community-university partnership model. *Journal of Rural Health*, 23, 42-54. DOI: <http://dx.doi.org/10.1111/j.1748-0361.2007.00123.x>

In addition to the monitoring and technical assistance provided under the cooperative agreement, **HRSA Program involvement will include:**

- Facilitating connections between Centers and other SUD-related programs, including programs within the RCORP initiative, at HRSA or other federal agencies;
- Identifying rural-serving practitioners, organizations, and “other entities as identified”¹⁷ that may benefit from the Centers, particularly SORHs, CAHs, RHCs, and other rural health care providers;
- Identifying key audiences and stakeholders that may be targeted for dissemination, such as the RCORP TA provider and other HRSA-funded award recipients;
- Introducing issue areas that may be further investigated by the Centers, such as neonatal abstinence syndrome (NAS), improvements to SUD- and opioid-related data and surveillance, primary care-behavioral health integration, rural health workforce development, and telehealth applications for medication-assisted treatment (MAT) and other SUD interventions, among others;
- Collaborating with Centers to identify rural-relevant interventions, best practices, models, and other evidence-based and promising programs that may be targeted for research and evaluation, dissemination, and training in rural communities;
- Participating, as appropriate, in the planning and implementation of meetings, conferences, site visits, trainings, workgroups, or other collaborative activities Centers may conduct during the period of performance;
- Conducting ongoing review of proposed measures assessing performance and outcomes related to program activities;
- Collaborating with Centers and other RCORP recipients, such as the TA provider and evaluator, to consider performance management and quality measures matching program activities;
- Conducting ongoing review of Centers’ activities and providing input on content, strategic direction, or approach to successfully complete the activities proposed in the application; and
- Reviewing publications and other products created by Centers before public dissemination.

RCORP-RCOE recipient responsibilities will include:

- Partnering with county and state health departments and other entities as identified in collaboration with HRSA to address challenges related to SUD, particularly OUD, in rural communities;
- Identifying rural-relevant interventions, best practices, models, and other evidence-based and promising programs and practices to be targeted for research and evaluation, dissemination, and training in rural communities;
- Providing scientific and technical assistance on interventions to improve prevention, treatment, and recovery related to SUD, particularly OUD, in rural communities;

¹⁷ House Report No. 115-952 at 521-522: <https://www.congress.gov/115/crpt/hrpt952/CRPT-115hrpt952.pdf>

- Disseminating best practices related to “science-based prevention, treatment, and other risk reduction interventions, including community-based approaches that may be replicable in other rural communities and associated professional training”¹⁸ to key audiences identified in collaboration with HRSA, such as health systems; health care provider organizations; and local, state, and federal policymakers;
- Conducting original research, as appropriate, on treatment, prevention, and recovery efforts in rural communities related to SUD, particularly OUD;
- Collecting, managing, and sharing data demonstrating the scope and impact of the scientific and technical assistance and other services provided to address SUD challenges in rural communities;
- Collaborating with HRSA in ongoing review of program activities and quality measurement;
- Coordinating with other HRSA-funded recipients to avoid duplication of efforts; and
- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds.

2. Summary of Funding

HRSA expects approximately \$20,000,000 to be available to fund three recipients for three years. You may apply for a ceiling amount of up to \$6,600,000 total cost (includes both direct and indirect, facilities and administrative costs) to be applied over the entire three-year period of performance from September 1, 2019 through August 31, 2022.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles and Audit Requirements at 45 CFR part 75, which can be found at <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4d52364ec83fab994c665943dadf9cf7&ty=HTML&h=L&r=PART&n=pt45.1.75>.

Limitations on indirect cost rates. Indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and sub-grants and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

¹⁸ Senate Report 115-289 at 58: <https://www.congress.gov/115/crpt/srpt289/CRPT-115srpt289.pdf>

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include all domestic public or private, non-profit or for-profit entities, including state, county, or city or township governments; independent school districts; public housing authorities or Indian housing authorities; public or private institutions of higher education; small businesses; faith-based and community-based organizations; and federally recognized tribes, tribal organizations, and tribal governments; or consortia of these organizations.

Applicant organizations may be located in an urban or rural area but all proposed and funded RCORP-RCOE activities must exclusively serve populations residing in HRSA-designated rural areas,¹⁹ whether across multiple states, within one or more regions, or throughout the nation. HRSA also expects applicant organizations to possess expertise related to rural health care delivery and/or policy.

Applicant Organization Specifications:

Applicant organizations should select and respond to ***only one*** of the following three Focus Areas as stated by Congress. ***HRSA will not consider project proposals that address more than one Focus Area.***

Focus Area 1: Innovative and effective treatment interventions for SUD, particularly OUD, in rural communities

Your organization must satisfy ***each*** of the following requirements:

- Established at an academic university “in a rural state where over 60 percent of the population is defined as rural by the U.S. Census Bureau;”
- Established at an academic university that has a demonstrated track record of
 - “Developing innovative and effective treatment interventions for opioids;
 - A strong familiarity with rural workforce and service delivery challenges, including the requirements and challenges of rural health clinics, critical access hospitals, and other rural providers; and
 - Effective engagement with rural populations and health care providers in general;”
- Established at a university and connected medical school that has “experience in clinical trials research and the dissemination and training in best practices in rural communities;”
- Established at a university that has “experience evaluating the efficacy of comprehensive treatment of substance use disorders, including patient-centered and family-based approaches to address the generational impacts of substance abuse;” and
- Established at an academic university which is “connected to an associated medical school that is already utilizing a collaborative approach to behavioral

¹⁹ HRSA Rural Health Grants Eligibility Analyzer: <https://data.hrsa.gov/tools/rural-health>

health care, with partnerships between the university and medical school, and the state with an effective, systems-wide approach to addiction treatment, such as the hub-and-spoke model.”²⁰

Focus Area 2: Best practices in recovery housing programs for SUD, particularly OUD, intervention among low-income, high-risk individuals in rural communities

Your organization must satisfy **each** of the following requirements:

- Established as “a public-private partnership between a non-profit and an academic university;”
- Able to “provide technical assistance and best practices on the development of recovery housing programs for substance use disorder intervention;”
- “Based on an intervention model with a demonstrated track record, including multi-year outcomes data conducted by an academic research institution;” and
- Focused on “best practices for successful substance use disorder intervention for low-income, high-risk individuals, including those who have been involved with the criminal justice system.”²¹

Focus Area 3: Addressing synthetic opioid-related overdose mortality in rural communities in the Delta and/or Appalachian regions

Your organization must satisfy the following requirement:

- Established at “an academic university located in a state included in the Delta Regional Authority²² or Appalachian Regional Commission²³ with an overdose death rate for synthetic opioids as determined by the Centers for Disease Control and Prevention (CDC) higher than a 150 percent change between 2015 and 2016.”^{24,25}

In a separate document marked as **Attachment 1**, provide documentation to support fulfillment of the requirements, noted above, for your chosen Focus Area. You should show partnerships and other relevant collaborations as required by the chosen Focus Area in the organizational chart included as **Attachment 4** and provide letters of commitment (for pending relationships) or memoranda of understanding/agreement (for existing established relationships) in **Attachment 6**.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

²⁰ Senate Report 115-289 at 58: <https://www.congress.gov/115/crpt/srpt289/CRPT-115srpt289.pdf>

²¹ House Report No. 115-952 at 521-522: <https://www.congress.gov/115/crpt/hrpt952/CRPT-115hrpt952.pdf>

²² See the states included in the Delta Regional Authority at <https://dra.gov/about-dra/dra-states/>.

²³ See the states included in the Appalachian Regional Commission at https://www.arc.gov/appalachian_region/TheAppalachianRegion.asp.

²⁴ See the CDC 2015-2016 Overdose Map at <https://www.cdc.gov/drugoverdose/data/fentanyl.html> to identify the change in drug overdose death rates involving synthetic opioids by state.

²⁵ House Report No. 115-952 at 521-522: <https://www.congress.gov/115/crpt/hrpt952/CRPT-115hrpt952.pdf>

3. Other

HRSA will consider any application that exceeds the ceiling amount (i.e., \$6,600,000) non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable. If applying as part of a consortium of organizations, an individual organization may be the applicant for one and only one application. Organizations may be included in more than one application if serving as a partner organization of a consortium.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through Grants.gov at <https://www.grants.gov> using the SF-424 Research and Related (R&R) workspace application package associated with this NOFO, following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

If you are reading this notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. **Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.**

2. Content and Form of Application Submission

HRSA’s SF-424 R&R Application Guide can be found at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf>.

Section 4 of the *SF-424 R&R Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *SF-424 R&R Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in the *SF-424 R&R Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of HRSA's *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *SF-424 R&R Application Guide* and this NOFO. Standard forms approved by the Office of Management and Budget (OMB) that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. ***We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.***

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1. The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2. Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3. Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in **Attachments 9: Other Relevant Documents**.

See Section 4.1.viii of HRSA's [SF-424 R&R Application Guide](#) for additional information on all certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 R&R Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. **Project Abstract**

See Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#).

The project abstract should be limited to one page in length. You are encouraged to use a table to present the information required for your abstract.

Please include the following information in your abstract:

- Applicant organization name;
- Applicant organization address (i.e., street, city, state, ZIP code, and county);
- Applicant organization website, if applicable;
- Project Director name and title;
- Project Director contact information (i.e., phone number and email address);
- RCORP-RCOE Focus Area sought: 1, 2, or 3 (see [Section III.1](#), above);
- Proposed service approach: multiple states, region(s), or national;
- Proposed service area of HRSA-designated rural areas (e.g., table of counties or Census tracts by state, list of states or region(s)); and
- Requested award amount.

Please also briefly summarize the following information for your proposed Center:

- Needs of rural communities to be addressed;
- Evidence-based programs, practices, and other interventions to be targeted; and
- Goals and intended outcomes.

ii. **Project Narrative**

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand your proposed project.

Successful applications will contain the information below. **Please use the following section headers for the narrative:**

- **INTRODUCTION** -- Corresponds to Section V's Review Criterion 1 (Need)
Clearly summarize the proposed approach to achieving the goal and objectives of RCORP-RCOE, generally, and your chosen Focus Area, specifically. Please include a brief description of the goal(s) of the proposed three-year project, the need(s) it will address, and the intended outcome(s) for your targeted clients and the rural communities they serve. **As a reminder, your proposed activities**

should exclusively target populations residing in HRSA-designated rural areas across multiple states, one or more regions, or the nation. Please indicate which one of the three RCORP-RCOE Focus Areas your project will address and describe why your organization is qualified to achieve your projected goals and intended outcomes. Explain the reasoning that supports your proposal’s intended affects for rural populations and the importance of the proposed project to address SUD and OUD challenges facing rural communities.

- **NEEDS ASSESSMENT -- Corresponds to Section V’s Review Criterion 1 (Need)** Specifically and clearly describe the SUD-related challenges facing rural populations in your proposed service area using appropriate supporting quantitative and/or qualitative data. Clearly identify your data sources and timeframes throughout this section to demonstrate your needs assessment is based on the most recent information available.

Please use the following sub-section headers in the Needs Assessment as you complete your narrative:

Core Measures. Discuss opioid-related morbidity and mortality and systems and infrastructure for interventions to treat and prevent SUD, particularly OUD, in rural settings in your service area. Using the most recent data sources available, you should also report baseline data for the five required core measures for RCORP initiatives (see **Table 1**). Awarded RCORP-RCOE recipients will be required to track and regularly report these five measures and 19 other HRSA-designated measures, as well as additional recipient-selected measures to match your program activities (see [Section VI.3](#) for more information).

Table 1. Required RCORP Core Measures*

1	Total population in the project’s service area
2	Number of individuals screened for SUD in the project’s service area
3	Number of non-fatal opioid overdoses in the project’s service area
4	Number of fatal opioid overdoses in the project’s service area
5	Number of health care providers within the service area who have completed the necessary training and received a waiver to provide MAT (specify by provider type)

* pending approval from OMB; minor adjustments may be made

Target Population. Discuss disparities present in the proposed service area, both *between* urban and rural populations and *within* rural populations, if applicable, and any relevant barriers that will need to be addressed to achieve your proposed goal(s). Consider the need for culturally appropriate models and approaches in rural communities, including the need for bilingual materials. Please identify rural-serving practitioners in the proposed service area who you may serve through the proposed project, including county and state health departments, and other entities as identified.

Unmet Needs. Describe existing national and local resources and technical assistance for SUD, particularly OUD, available in the proposed service area, especially those funded by HRSA. Explain how the proposed project could fill gaps in resources and technical assistance for rural communities and inform broader national needs related to the opioid crisis.

Focus Area Intent. In addition to the information identified above, applicants should specifically describe the challenges facing rural populations in your proposed service area as related to the goal of your chosen Focus Area.

For **Focus Area 1**, you are encouraged to discuss needs related to:

- (a) Treatment engagement and/or treatment approaches (e.g., hub-and-spoke model) in rural communities;
- (b) Comprehensive treatment of SUD in rural settings, including patient-centered and family-based approaches, to address the generational impacts of substance abuse; and
- (c) Workforce and service delivery challenges common in rural communities, including those unique to RHCs, CAHs, and other rural providers.

For **Focus Area 2**, you are encouraged to discuss needs related to:

- (a) Prevalence of recovery housing programs for SUD interventions in rural settings; and
- (b) Disparities in SUD, particularly OUD, burden and treatment by income and other measures of risk, including involvement with the criminal justice system, relevant to rural populations.

For **Focus Area 3**, you are encouraged to discuss needs related to:

- (a) Morbidity and mortality related to misuse of synthetic opioids in rural settings; and
- (b) Factors in the Delta or Appalachian region that may contribute to the misuse of synthetic opioids in rural communities, including underlying social, economic, and environmental conditions unique to the proposed service area.

▪ **METHODOLOGY -- Corresponds to Section V's Review Criteria 2 (Response) and 4 (Impact)**

Specifically describe the scientific and technical assistance methods and activities you will use to address the needs described in the *Needs Assessment*, including any innovative methods. Please include a description of the proposed objectives, goals, and outcomes for the project and explain how your proposed activities will achieve those objectives, goal(s), and associated outcomes, citing appropriate evidence. Describe and refer to both your work plan (**Attachment 2**) and logic model (**Attachment 3**) where necessary to strengthen the *Methodology* narrative and avoid duplication of information in the application package.

Please use the following sub-section headers in the Methodology as you complete your narrative:

Core Activities. Specifically describe activities related to the following two core activities outlined in the authorizing legislation:

- Identifying “science-based prevention, treatment, and other risk reduction interventions, including community-based approaches that may be replicable in other rural communities and associated professional training;”²⁶ and
- Disseminating “best practices related to the treatment for and prevention of substance use disorders within rural communities, with a focus on the current opioid crisis and developing methods to address future substance use disorder epidemics.”²⁷

Systematic Technical Assistance. Describe a systematic approach to providing scientific and technical assistance to county and state health departments and other entities as identified in your proposed service area. You are encouraged to address the following activities in your systematic approach:

- Dissemination and aiding implementation of evidence-based programs and practices in public health for rural communities:
 - (1) *Audience research* to identify the universe of potential rural-serving practitioners that may benefit from relevant evidence-based programs and practices;
 - (2) *Build distribution capacity* to give rural-serving practitioners convenient access to a range of programs with evidence of success in rural settings;
 - (3) *Systematically identify* all evidence-based programs and practices applicable to rural-serving practitioners;
 - (4) *Critically review and modify* evidence-based programs and practices, including those designed for urban settings, to maximize their readiness for use in rural settings;
 - (5) Establish systems of *comprehensive user support* to help rural-serving practitioners implement relevant and applicable evidence-based programs and practices; and
 - (6) Establish *evaluation measures and processes* to assess the effectiveness and impact of evidence-based programs and practices implemented in rural settings,²⁸ including 10 required outcome measures (see **Table 3**) and recipient-selected outcomes measures (see [Section VI.3](#) for more information);

²⁶ Senate Report 115-289 at 58: <https://www.congress.gov/115/crpt/srpt289/CRPT-115srpt289.pdf>

²⁷ *Ibid.*

²⁸ Kreuter, M. W., & Bernhardt, J. M. (2009). Reframing the dissemination challenge: A marketing and distribution perspective. *American Journal of Public Health*, 99(12), 2123-2127. DOI: <http://dx.doi.org/10.2105/AJPH.2008.155218>

- Implementation of culturally appropriate models and approaches to address both rural-urban and intra-rural disparities in SUD and OUD burden;
- Communication and collaboration with other relevant SUD treatment entities, including other HRSA-funded award recipients;
- Development of effective tools and strategies for ongoing outreach, dissemination, and collaboration with county and state health departments, and other entities as identified, with efforts to involve patients and families with current or past experience with addiction, as appropriate; and
- Dissemination of reports and other products to key audiences, such as health systems, health care provider organizations, and local, state, and Federal policymakers, among others as identified by HRSA and the recipient.

Table 2. Required Program-specific Outcomes Measures**

1	Number and percentage of patients with a diagnosis of SUD
2	Number of patients diagnosed with SUD who were referred to treatment
3	Number of unduplicated patients who have received MAT (including both medication and psychosocial therapy) in the past year
4	Number of patients who have been in treatment (including both MAT and psychosocial therapy) for 3-5 months without interruption
5	Number of providers eligible to provide MAT (by provider type)
6	Number of providers who have prescribed MAT in the past year (by provider type)
7	Number of providers or support staff who received general SUD education or training (e.g., prescribing guidelines) in the past year
8	Number of community members (non-providers) who received general SUD education or training (e.g., mental health first aid) in the past year
9	Number of patients referred to support services in the past year by type of service (e.g., recovery housing, employment services, child care, transportation)

* pending OMB approval; minor adjustments may be made

+ measures subject to change throughout the period of performance based on ongoing review and collaboration between HRSA and RCORP-RCOE recipients

RCORP-RCOE recipients will be required to develop their own outcomes measures to be tracked throughout the three-year period of performance. These measures should complement the measures required by HRSA and align with the goal of the recipient's chosen Focus Area. You are encouraged to consider additional measures related to the following:

- (1) Effectiveness and impact of evidence-based SUD interventions in rural settings, including clinical outcomes measures;
- (2) "Providing scientific and technical assistance to county and state health departments and other entities as identified"²⁹ by HRSA and the recipient;

²⁹ House Report No. 115-952 at 521-522: <https://www.congress.gov/115/crpt/hrpt952/CRPT-115hrpt952.pdf>

- (3) Identifying “science-based prevention, treatment, and other risk reduction interventions, including community-based approaches that may be replicable in other rural communities and associated professional training;”³⁰ and
- (4) Disseminating “best practices related to the treatment for and prevention of substance use disorders within rural communities, with a focus on the current opioid crisis and developing methods to address future substance use disorder epidemics.”³¹

Please note that measures may be removed, revised, or added throughout the RCORP-RCOE period of performance based on ongoing review and collaboration between HRSA and RCORP-RCOE recipients.

Focus Area Intent. In addition to the information identified above, applicants should specifically describe activities related to the goal of your chosen Focus Area.

For **Focus Area 1**, you are encouraged to discuss activities to:

- (a) Identify innovative and effective treatment interventions for SUD, particularly OUD, in rural areas (e.g., hub-and-spoke model);
- (b) Develop innovative treatment interventions for SUD, particularly OUD, including patient-centered and family-based approaches to address the generational impact of substance abuse; and
- (c) Mitigate workforce and service delivery challenges common in rural communities, including those unique to RHCs, CAHs, and other rural providers.

For **Focus Area 2**, you are encouraged to discuss activities to:

- (a) Aid implementation of recovery housing programs for SUD intervention in rural communities; and
- (b) Identify treatment and prevention services for low-income, high-risk individuals who reside in rural communities, including persons involved with the criminal justice system.

For **Focus Area 3**, you are encouraged to discuss activities to:

- (a) Aid implementation of treatment and prevention services for misuse of synthetic opioids; and
- (b) Address the unique factors in the Delta or Appalachian region that may contribute to the misuse of synthetic opioids, including underlying social, economic, and environmental conditions.

³⁰ Senate Report 115-289 at 58: <https://www.congress.gov/115/crpt/srpt289/CRPT-115srpt289.pdf>

³¹ *Ibid.*

- **WORK PLAN AND LOGIC MODEL -- Corresponds to Section V's Review Criteria 2 (Response), 3 (Evaluative Measures), and 4 (Impact)**
You should present the work plan not as a narrative but as a table included in your application package as a separate document marked as **Attachment 2**. The *Methodology* section should explain and refer to the work plan. The work plan itself should provide a succinct overview of the proposed methods, activities, objectives, goals, and outcomes for your project. Awarded RCORP-RCOE recipients will be required to provide updates to the work plan to HRSA as part of quarterly progress reporting.

You should also include a logic model as a separate document included in your application package as **Attachment 3**. There are many versions of logic models. For the purposes of this notice, a logic model is a one-page diagram that presents the conceptual framework for the proposed project and the links among proposed program elements. Your logic model should communicate the logic or rationale of the proposed project. See [Section VIII](#) for additional guidance on logic models, including a template.

Please use the following sub-section headers in the Methodology as you complete your narrative:

Work Plan. You should specifically describe the activities, objectives, goals, and intended outcomes for the entire three-year period of performance. Please include a timeline of proposed program activities for the entire three-year period of performance (e.g., Gantt chart); a description of parties responsible for each activity; and plans to collect, manage, and track appropriate data to measure performance (i.e., outputs or process measures) and outcomes, including those required by HRSA (see [Section VI.3](#) for more information).

Logic Model. You should clearly depict the logic or rationale of the proposed project to demonstrate how planned inputs and proposed activities lead to program outputs (i.e., products of program activities) and outcomes (i.e., results of program activities, typically describing a change in people or systems), including those required by HRSA (see [Section VI.3](#) for more information).

Focus Area Intent. The information included in both your work plan and logic model should support the goal of your chosen Focus Area. You are encouraged to display in your work plan and logic model the activities related to your chosen Focus Area as you described in the *Methodology* section.

- **RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 4 (Impact)**
You should specifically describe challenges you are likely to encounter while implementing and, as necessary, modifying proposed program activities. Please describe any relevant barriers in the proposed service area that you may need to overcome, such as workforce shortages, service delivery challenges, distance,

and issues with SUD- and opioid-related data and surveillance. Explain how you will resolve identified challenges and overcome identified barriers.

- **EVALUATION PLAN -- Corresponds to Section V's Review Criterion 3 (Evaluative Measures)**

You should specifically describe plans to monitor and evaluate the proposed project. Please describe how you will promote effective execution of proposed activities and accountability to proposed project goals. This should include at least the following to demonstrate that you have resources and capacity necessary throughout the three-year period of performance.

Please use the following sub-section headers in the Evaluation Plan as you complete your narrative:

Monitoring. You should specifically describe systems and processes to track and monitor program performance and inform ongoing program development and quality improvement throughout the entire three-year period of performance. Include a description of how data will be collected to support monitoring activities. Please also describe any obstacles to implementing your monitoring plan and actions you will take to address those obstacles.

Evaluation. You should specifically describe how you will evaluate your proposed project. Please describe how you will evaluate the success of providing scientific and technical assistance to local and state health departments and other entities as identified in your proposed service area and disseminating best practices and training in rural communities. Include a description of any obstacles to implementing your evaluation plan and actions you will take to address those obstacles.

- **ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria 4 (Impact) and 5 (Resources/Capabilities)**

You should specifically describe your organization's ability and capacity to manage the proposed project. Please describe your organization's current mission and structure, previous experience, current activities, and existing or planned partnerships. Include brief summaries of the experience and qualifications of key project personnel that may make them uniquely suited to administer your proposed project. Please also explain how the information shared about your organization may contribute to your organization's ability to complete the activities, objectives, goals, and intended outcomes of your proposed project. **You are encouraged to demonstrate that your organization possesses expertise related to rural health care delivery and/or policy.** Include plans to sustain all or part of the proposed project after the end of the three-year period of performance. Describe and refer to your organizational chart (**Attachment 4**), staffing plan (**Attachment 5**), and letters of commitment or MOU/A (**Attachment 6**) where necessary.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	Review Criteria
Introduction	1 (Need) and 4 (Impact)
Needs Assessment	1 (Need)
Methodology	2 (Response) and 4 (Impact)
Work Plan and Logic Model	2 (Response) and 4 (Impact)
Resolution of Challenges	4 (Impact)
Evaluation Plan	3 (Evaluative Measures)
Organizational Information	4 (Impact) and 5 (Resources/Capabilities)
Budget and Budget Narrative (below)	6 (Support Requested) – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#). Please note: the directions offered in the *SF-424 R&R Application Guide* may differ from those offered by Grants.gov. Follow the instructions included in the *SF-424 R&R Application Guide* and the additional budget instructions provided below. A budget that follows the *SF-424 R&R Application Guide* will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, can avoid audit issues during the implementation phase.

Reminder: The total project or program costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable. If indirect costs are included in the budget, attach a copy of the indirect cost rate agreement as **Attachment 7**.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

Indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment,

tuition and fees, and sub-grants and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

iv. Budget Narrative

See Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#).

This award will have a three-year period of performance. The *Budget Narrative* should describe and justify expected spending for all three years of the proposed project and align with proposed program activities as described in the *Methodology* and shown in the *Work Plan and Logic Model*. HRSA will require quarterly progress reports to include an update to the budget and budget narrative.

v. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **You must clearly label each attachment.**

Attachment 1: Evidence for Focus Area Eligibility

Identify which one of the three Focus Areas the application will address. Provide evidence to prove your organization meets the specific experience, track record, and collaborations stated in the eligibility requirements. Include supporting documentation, as necessary, to demonstrate fulfillment of the eligibility requirements related to your chosen Focus Area as described in [Section III.1](#).

Attachment 2: Work Plan

Attach a work plan for the proposed project presented as a table that includes all information detailed in [Section IV.2.ii.](#), including a three-year timeline of proposed program activities.

Attachment 3: Logic Model

Attach a one-page logic model that illustrates the design and conceptual framework for the proposed project and explains the links among program elements. The logic model should include the specific information detailed in [Section IV.2.ii.](#) to communicate the logic or rationale of the proposed project. See [Section VIII](#) for additional guidance on logic models, including a template.

Attachment 4: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project. Show any contractors, sub-recipients, sub-awards, or other relevant collaborating organizations integral to the success of the proposed project, including those required by your chosen Focus Area.

Attachment 5: Staffing Plan and Job Descriptions with Biographical Sketches for Key Personnel (see Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#))

Provide a staffing plan with justification for key personnel supported by the award. Include three documents for each key award-funded position:

- (a) Position description (no more than one page) that details desired qualifications and describes the role and responsibilities in relation to the overall proposed project;
- (b) Biographical sketch (no more than one page) for the individual proposed to fill the award-funded position that describes the individual's knowledge, skills, and competencies that will allow for unique contributions to the proposed project; and
- (c) One-page resume for the individual proposed to fill the award-funded position.

In the event that an individual in the staffing plan is not yet hired, include a letter of commitment from that individual in place of the biographical sketch that includes the same information provided by the biographical sketch. In the event that a proposed award-funded position has no candidate, include a brief description of the recruitment and hiring plan for that position in place of the biographical sketch.

Attachment 6: Letters of Commitment and Memoranda of Understanding/Agreement (MOU/A)

Document working relationships between your organization and other entities and programs cited in your application package. MOU/A should confirm actual contractual or other agreements and clearly describe the roles of the collaborating organizations and any deliverable(s). For pending relationships, include letters of commitment that document the same information. Make sure any letters or MOU/A are signed and dated.

A specific partnership with appropriate documentation is required according to the following Focus Areas (see [Section III.1.](#) for details on these and other eligibility requirements):

For **Focus Area 1**, the applicant organization should be part of a partnership between an academic university, that university's associated medical school, and the state.

For **Focus Area 2**, the applicant organization should be part of a public-private partnership between a non-profit and an academic university.

Attachment 7: Indirect Cost Rate Agreement (NOT counted in page limit)

If applicable, provide the current federally negotiated indirect cost rate agreement used to substantiate indirect costs in the proposed budget.

Attachment 8: Other RCORP Awards (if applicable)

If applicable, you must include the following information for each RCORP funding opportunity for which you have applied or received funding:

- Name of funding opportunity (i.e., [FY19 RCORP-Planning](#), [FY19 RCORP-Implementation](#), [RCORP-Technical Assistance](#), or [RCORP-Evaluation](#));
- Specify whether you applied as the applicant or as a consortium member;
- Provide a brief description of the proposed or actual project activities;
- Indicate whether and how the consortium composition, target population(s), and target service area(s) are different than those proposed in the RCORP-RCOE application; and
- Describe the processes you will have in place to avoid duplication of effort or conflict of interest if awarded more than one RCORP award.

If awarded more than one concurrent RCORP award, you will be expected to work closely with your HRSA Project Officers to ensure that project activities do not overlap and there is no duplication of effort.

Attachments 9-15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. **Letters of support are optional for this application package.** If included, letters of support must be dated and specifically indicate a commitment to the proposed project from outside organizations (e.g., in-kind services, funds, staff, space, equipment, etc.).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [SF-424 R&R Application Guide](#).

UPDATED SAM.GOV ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on July 11, 2018. Read the [updated FAQs](#) learn more.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is **June 10, 2019 at 11:59 p.m. Eastern Time**. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

RCORP-RCOE is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 R&R Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to three years at no more than \$6,600,000 total (inclusive of direct **and** indirect costs).

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in the following FY, as required by law.

You cannot use funds under this notice for the following purposes:

1. To acquire real property,

2. For construction, or
3. To pay for any equipment costs not directly related to the purposes of this award.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. RCORP-RCOE has six review criteria. The highest ranked application in each of the three Focus Areas will receive consideration for award within available funding ranges.

Review Criterion	Points Available
1 (Need)	20
2 (Response)	25
3 (Evaluative Measures)	15
4 (Impact)	20
5 (Resources/Capabilities)	15
6 (Support Requested)	5
TOTAL POINTS	100

Criterion 1: NEED (20 points) – Corresponds to Section IV’s Introduction and Needs Assessment

The application will be evaluated on the extent to which the *Introduction*: (5 points)

- Describes a service area of multiple states, one or more regions, or the entire nation that exclusively targets HRSA-designated rural areas;
- Describes considered goals, needs, and intended outcomes that are clear, reasonable, and logically connected; and
- Explains the importance of the proposed project to address SUD challenges facing rural communities and the nationwide opioid crisis.

The application will be evaluated on the extent to which the *Needs Assessment*: (10 points)

- Describes SUD-related challenges facing rural populations in the proposed service area, including opioid-related morbidity and mortality and systems and infrastructure for interventions to treat and prevent SUD, particularly OUD, in rural settings;
- Identifies sources and timeframes throughout to demonstrate reliance on most recently available quantitative and/or qualitative data;
- Reports baseline data for the five required RCORP core measures;
- Discusses applicable rural-urban and intra-rural disparities in SUD, particularly OUD, in the proposed service area, including the need for culturally appropriate models and approaches;
- Discusses barriers in the proposed service area that will be addressed to achieve the proposed goal(s);
- Describes rural-serving practitioners in the proposed service area who may be served, including county and state health departments; and
- Demonstrates how the proposed project could fill gaps in resources and technical assistance for SUD intervention, particularly for OUD, in rural settings and inform broader national needs related to the opioid crisis.

The application will be evaluated on the extent to which the *Needs Assessment* describes challenges relevant to the goal of the chosen Focus Area.

For **Focus Area 1**, the extent to which the *Needs Assessment*: (5 points)

- Describes the state of treatment engagement and/or treatment approaches (e.g., hub-and-spoke model) in rural communities;
- Describes options for comprehensive treatment for SUD in rural settings, including patient-centered and family-based approaches to address the generational impacts of substance abuse; and
- Describes workforce and service delivery challenges common in rural communities, including those unique to RHCs, CAHs, and other rural providers.

For **Focus Area 2**, the extent to which the *Needs Assessment*: (5 points)

- Describes the prevalence of recovery housing programs for SUD interventions in rural settings; and

- Describes disparities in SUD, particularly OUD, burden and treatment by measures of risk relevant to rural populations, including income and involvement with the criminal justice system.

For **Focus Area 3**, the extent to which the *Needs Assessment*: (5 points)

- Describes synthetic opioid-related morbidity and mortality in rural settings in the proposed service area;
- Describes how factors unique to the proposed service area in the Delta or Appalachian region may contribute to the misuse of synthetic opioids, including underlying social, economic, and environmental conditions.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV’s Methodology and Work Plan and Logic Model

The application will be evaluated on the extent to which the *Methodology*: (15 points)

- Describes scientific and technical assistance methods to fulfill the two core activities:
 - (a) Identifying “science-based prevention, treatment, and other risk reduction interventions, including community-based approaches that may be replicable in other rural communities and associated professional training;”³² and
 - (b) Disseminating “best practices related to the treatment for and prevention of substance use disorders within rural communities, with a focus on the current opioid crisis and developing methods to address future substance use disorder epidemics.”³³
- Describes proposed activities, objectives, goals, and intended outcomes that address the needs described in the *Needs Assessment*;
- Explains the rationale for pursuing the scientific and technical assistance methods and activities described, citing appropriate evidence as necessary;
- Demonstrates a systematic approach to the provision of scientific and technical assistance to identified county and state health departments and other entities in the proposed service area;
- Describes scientific and technical assistance methods and activities to address the following six steps for disseminating and aiding implementation of evidence-based programs and practices in public health:³⁴
 - (1) Conduct *audience research* to identify the universe of potential rural-serving practitioners that may benefit from evidence-based programs and practices;
 - (2) *Build distribution capacity* to give rural-serving practitioners convenient access to a range of programs with evidence of success in rural settings;
 - (3) *Systematically identify* all relevant evidence-based programs and practices that are applicable to rural-serving practitioners;

³² Senate Report 115-289 at 58: <https://www.congress.gov/115/crpt/srpt289/CRPT-115srpt289.pdf>

³³ *Ibid.*

³⁴ Kreuter & Bernhardt (2009): <http://dx.doi.org/10.2105/AJPH.2008.155218>

- (4) *Critically review and modify* evidence-based programs and practices, including those designed for urban settings, to maximize their readiness for use in rural settings;
- (5) Establish systems of *comprehensive user support* to help rural-serving practitioners implement relevant and applicable evidence-based programs and practices; and
- (6) Establish *evaluation measures and processes* to assess the effectiveness and impact of evidence-based programs and practices implemented in rural settings;
- Describes reasonable and appropriate applicant-selected process and/or outcomes measures that match proposed program activities;
- Considers culturally appropriate models and approaches to address urban-rural and intra-rural disparities or other needs in the proposed service area; and
- Describes tools and strategies for ongoing engagement with identified clients, with special consideration for patients and families with current or past experience with addiction.

The application will be evaluated on the extent to which the work plan (**Attachment 2**): (3 points)

- Documents each of the proposed activities, objectives, goals, and outcomes explained in the *Methodology*;
- Describes proposed activities, objectives, goals, and outcomes for the entire three-year period of performance, as shown in an included timeline (e.g., Gantt chart); and
- Describes plans to collect, manage, and track appropriate data to measure performance (i.e., outputs and process measures) and outcomes.

The application will be evaluated on the extent to which the logic model (**Attachment 3**): (2 points)

- Communicates the logic or rationale of the proposed project; and
- Demonstrates how planned organizational inputs and proposed program activities lead to intended outputs and outcomes.

The application will be evaluated on the extent to which the *Methodology* and *Work Plan and Logic Model* describe scientific and technical assistance methods and activities related to the goal of the chosen Focus Area.

For **Focus Area 1**, the extent to which the *Methodology*, work plan, and logic model describe activities related to: (5 points)

- Identifying innovative and effective treatment interventions for SUD, particularly OUD, in rural areas (e.g., hub-and-spoke model);
- Developing innovating treatment interventions for SUD, particularly OUD, including patient-centered and family-based approaches, to address the generational impact of substance abuse; and
- Mitigating workforce and service delivery challenges common in rural communities, including those unique to RHCs, CAHs, and other rural providers.

For **Focus Area 2**, the extent to which the *Methodology*, work plan, and logic model describe activities related to: (5 points)

- Aiding implementation of recovery housing programs for SUD intervention in rural communities; and
- Identifying treatment and prevention services for low-income, high-risk individuals who reside in rural communities, including persons involved with the criminal justice system.

For **Focus Area 3**, the extent to which the *Methodology*, work plan, and logic model describe activities related to: (5 points)

- Aiding implementation of treatment and prevention services for misuse of synthetic opioids; and
- Addressing the unique factors in the Delta or Appalachian region that may contribute to the misuse of synthetic opioids, including underlying social, economic, and environmental conditions.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV’s Evaluation Plan

The application will be evaluated on the extent to which the *Evaluation Plan*: (15 points)

- Describes reasonable, practicable, and data-driven systems and processes to monitor program performance and inform ongoing program development and quality improvement;
- Describes reasonable, practicable, and data-driven systems and processes to evaluate the proposed project;
- Describes a reasonable and practicable approach to collect, manage, and analyze data to support monitoring and evaluation activities;
- Describes appropriate methods and activities to resolve stated obstacles to implementing the proposed monitoring and evaluation plans; and
- Describes reasonable method to evaluate the success of providing scientific and technical assistance and disseminating best practices and training in rural communities.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV’s Introduction, Methodology, Work Plan and Logic Model, Resolution of Challenges, and Organizational Information

The application will be evaluated on the extent to which the *Project Narrative*: (20 points)

- Describes intended outcomes that address needs stated in the *Needs Assessment* and common challenges facing rural communities nationwide;
- Demonstrates the importance of the proposed project to address SUD challenges and the nationwide opioid crisis in rural communities;
- Explains how the proposed systematic approach to the provision of scientific and technical assistance to county and state health departments and other entities as identified can improve health and related outcomes for rural populations;

- Describes the potential reach and impact of disseminating essential findings, best practices, and lessons learned to key audiences identified in collaboration with HRSA;
- Describes challenges and barriers likely encountered while implementing and, as necessary, modifying proposed program activities to best serve rural communities, such as workforce shortages, service delivery challenges, distance, and issues with SUD- and opioid-related data and surveillance;
- Describes a reasonable and practicable approach to resolve identified challenges for implementation and other barriers in the proposed service area; and
- Describes how plans to sustain all or part of the proposed project after the end of the three-year period of performance may benefit rural communities and influence the response to the nationwide opioid crisis.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV’s Organizational Information

The application will be evaluated on the extent to which *Organizational Information*: (10 points)

- Describes an organizational mission and structure that supports the proposed activities, objectives, and goals of the proposed project;
- Describes sufficient organizational capacity to successfully manage the proposed project, including relevant current or previous organizational experience and key project personnel uniquely suited to administer the proposed project;
- Demonstrates organizational expertise related to rural health care delivery and/or policy;
- Describes a reasonable and practicable plan to sustain all or part of the proposed project after the end of the three-year period of performance;
- Demonstrates sufficient personnel capacity, as shown in the staffing plan (**Attachment 5**), to conduct the activities of the proposed project; and
- Describes existing or planned partnerships to support the proposed project, as documented by letters of commitment or MOU/A (**Attachment 6**), including details of delegated activities, roles and responsibilities, and other relevant information.

The application will be evaluated on the extent to which *Resources/Capabilities* and **Attachment 1** provide evidence to satisfy the specific requirements of the chosen Focus Area.

For **Focus Area 1**, the extent to which the *Resources/Capabilities* and Attachment 1 demonstrate evidence of the following requirements: (5 points)

- Established at an academic university “in a rural state where over 60 percent of the population is defined as rural by the U.S. Census Bureau;”
- Established at an academic university that has a demonstrated track record of
 - “Developing innovative and effective treatment interventions for opioids;

- A strong familiarity with rural workforce and service delivery challenges, including the requirements and challenges of rural health clinics, critical access hospitals, and other rural providers; and
- Effective engagement with rural populations and health care providers in general;”
- Established at a university and connected medical school that has “experience in clinical trials research and the dissemination and training in best practices in rural communities;”
- Established at a university that has “experience evaluating the efficacy of comprehensive treatment of substance use disorders, including patient-centered and family-based approaches to address the generational impacts of substance abuse;” and
- Established at an academic university which is “connected to an associated medical school that is already utilizing a collaborative approach to behavioral health care, with partnerships between the university and medical school, and the state with an effective, systems-wide approach to addiction treatment, such as the hub-and-spoke model.”³⁵

For **Focus Area 2**, the extent to which the *Resources/Capabilities* and Attachment 1 demonstrate evidence of the following requirements: (5 points)

- Established as “a public-private partnership between a non-profit and an academic university;”
- Able to “provide technical assistance and best practices on the development of recovery housing programs for substance use disorder intervention;”
- “Based on an intervention model with a demonstrated track record, including multi-year outcomes data conducted by an academic research institution;” and
- Focused on “best practices for successful substance use disorder intervention for low-income, high-risk individuals, including those who have been involved with the criminal justice system.”³⁶

For **Focus Area 3**, the extent to which the *Resources/Capabilities* and Attachment 1 demonstrate evidence of the following requirement: (5 points)

- Established at “an academic university located in a state included in the Delta Regional Authority³⁷ or Appalachian Regional Commission³⁸ with an overdose death rate for synthetic opioids, as determined by the Centers for Disease Control and Prevention (CDC), higher than a 150 percent change between 2015 and 2016.”^{39,40}

³⁵ Senate Report 115-289 at 58: <https://www.congress.gov/115/crpt/srpt289/CRPT-115srpt289.pdf>

³⁶ House Report No. 115-952 at 521-522: <https://www.congress.gov/115/crpt/hrpt952/CRPT-115hrpt952.pdf>

³⁷ See states included in the Delta Regional Authority at <https://dra.gov/about-dra/dra-states/>.

³⁸ See states included in the Appalachian Regional Commission at https://www.arc.gov/appalachian_region/TheAppalachianRegion.asp.

³⁹ See the CDC 2015-2016 Overdose Map at <https://www.cdc.gov/drugoverdose/data/fentanyl.html> to identify the change in drug overdose death rates involving synthetic opioids by state.

⁴⁰ House Report No. 115-952 at 521-522: <https://www.congress.gov/115/crpt/hrpt952/CRPT-115hrpt952.pdf>

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV’s Budget and Budget Narrative

The application will be evaluated on the extent to which the proposed budget and budget narrative: (5 points)

- Describe reasonable and justifiable costs in relation to the proposed scope of work;
- Describe reasonable and justifiable costs over the entire three-year period of performance;
- Describe sufficient personnel time to achieve the proposed scope of work;
- Describe sufficient resources to achieve the proposed scope of work; and
- Explain how all costs were determined or estimated, particularly for any contracts, sub-awards, or other collaborations, including those required by the chosen Focus Area.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications in each of the three Focus Areas will receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See Section 5.3 of HRSA’s [SF-424 R&R Application Guide](#) for more details.

3. Assessment of Risk and Other Pre-Award Activities

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization’s ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA’s approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

HRSA will report to FAPIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2019.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the program start date of September 1, 2019. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 R&R Application Guide](#).

Requirements of Sub-awards

The terms and conditions in the Notice of Award (NOA) apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to sub-recipients under awards. See [45 CFR § 75.101 Applicability](#) for more details.

Human Subjects Protection

Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the

subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 R&R Application Guide](#) **and** the following reporting and review activities:

- 1) **Progress Reports.** The recipient must submit a progress report to HRSA through the Electronic Hand Books (EHBs) on a quarterly basis (i.e., every three months). These Progress Reports will be used to demonstrate progress to date, including submission of data on specific performance measures; provide updates to the work plan, timeline, budget, and budget narrative; and discuss issues that may impact the proposed work plan and timeline. Further information will be provided by your project officer, if awarded.
- 2) **Final Report.** The recipient must submit a final report to HRSA through the EHBs within 90 calendar days after the end of the three-year period of performance. The Final Report will collect information such as the extent to which the recipient achieved the proposed objectives and goals of the program; core performance measurement data; and program accomplishments and impact, including essential findings, best practices, and lessons learned. Further information will be provided by your project officer, if awarded.
- 3) **Federal Financial Report (FFR).** The recipient must submit a SF-425 FFR to HRSA through the EHBs no later than 120 days after the end of the three-year period of performance. The FFR should reflect a cumulative accounting of expenditures for the entire three-year period of performance.
- 4) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

The table below summarizes the measures required for RCORP-RCOE recipients to report into the Performance Improvement Management System (PIMS). **Please note that these measures are pending approval from OMB so minor adjustments may be made.**

<u>RCORP Measures</u>	<u>Measure Development Process or Location</u>	<u>Reporting Frequency</u>
<i>Core measures</i>	5 measures listed below*	Quarterly in PIMS
<i>Program-specific outcomes measures</i>	9 measures listed below**	Quarterly in PIMS
<i>Program-specific process measures</i>	10 measures listed below**	Quarterly in PIMS
<i>Additional measures</i>	Recipients will work with HRSA and other entities (e.g., RCORP TA provider and evaluator) to select measures that match additional activities in work plan	Quarterly in PIMS

* pending OMB approval; minor adjustments may be made

+ measures subject to change throughout the period of performance based on ongoing review and collaboration between HRSA and RCORP-RCOE recipients

Core measures

As mentioned above in *Section IV.2.ii.*, recipients are required to report the following five core measures for their service area (see **Table 1**). These measures will be reported on a quarterly basis in the PIMS.

Table 2. Required RCORP Core Measures*

1	Total population in the project's service area
2	Number of individuals screened for SUD in the project's service area
3	Number of non-fatal opioid overdoses in the project's service area
4	Number of fatal opioid overdoses in the project's service area
5	Number of health care providers within the service area who have completed the necessary training and received a waiver to provide MAT (specify by provider type)

* pending OMB approval; minor adjustments may be made

Program-specific Outcomes Measures

RCORP-RCOE recipients are required to report program-specific outcomes measures in PIMS to help monitor the performance of their Center. Recipients must report the following nine measures for their service area (see **Table 3**). These measures will be reported on a quarterly basis in the PIMS.

Table 3. Required Program-specific Outcomes Measures**

1	Number and percentage of patients with a diagnosis of SUD
2	Number of patients diagnosed with SUD who were referred to treatment
3	Number of unduplicated patients who have received MAT (including both medication and psychosocial therapy) in the past year
4	Number of patients who have been in treatment (including both MAT and psychosocial therapy) for 3-5 months without interruption
5	Number of providers eligible to provide MAT (by provider type)
6	Number of providers who have prescribed MAT in the past year (by provider type)
7	Number of providers or support staff who received general SUD education or training (e.g., prescribing guidelines) in the past year
8	Number of community members (non-providers) who received general SUD education or training (e.g., mental health first aid) in the past year
9	Number of patients referred to support services in the past year by type of service (e.g., recovery housing, employment services, child care, transportation)

* pending OMB approval; minor adjustments may be made

+ measures subject to change throughout the period of performance based on ongoing review and collaboration between HRSA and RCORP-RCOE recipients

Program-specific Process Measures

RCORP-RCOE recipients are required to report program-specific process measures in PIMS to help monitor the performance of their Center. Recipients must report the following ten measures for their service area (see **Table 4**). These measures will be reported on a quarterly basis in the PIMS.

Table 4. Required Program-specific Process Measures**

1	Number of clients served by relevant geography (e.g., Census tract, county, state, region)
2	Number of requests for technical assistance by relevant geography (e.g., Census tract, county, state, region)
3	Number of encounters for technical assistance by relevant geography (e.g., Census tract, county, state, region)
4	Number of urban-focused evidence-based programs or promising practices modified for implementation in rural settings
5	Number of policy briefs, white papers, reports, etc. published to disseminate best practices related to the prevention of and treatment for SUD and OUD in rural communities
6	Number of practice guidelines, checklists, toolkits, etc. published to disseminate best practices related to the prevention of and treatment for SUD and OUD in rural communities
7	Number of unique attendees from rural communities participating in webinars, conferences, learning communities, etc. sponsored and/or hosted by the recipient
8	Number and percentage accepted of manuscripts submitted to scholarly journals related to interventions for SUD and OUD in rural settings

9	Number and engagement with (e.g., clicks, comments) press articles, blog posts, commentaries, etc. published in popular media related to interventions for SUD and OUD in rural settings
10	Number of clients served who offer new or improved SUD interventions following technical assistance

* pending OMB approval; minor adjustments may be made

+ measures subject to change throughout the period of performance based on ongoing review and collaboration between HRSA and RCORP-RCOE recipients

Additional Activity Measures

RCORP-RCOE recipients are required to develop Center-specific measures to be tracked throughout the three-year period of performance. These measures should complement the required core measures, program-specific outcomes measures, and program-specific process measures listed above and align with the goal of the recipient's chosen Focus Area. The measures should be described and explained in the *Project Narrative* and shown in the work plan (**Attachment 2**) and logic model (**Attachment 3**). ***Please note that measures may be removed, revised, or added throughout the RCORP-RCOE period of performance based on ongoing review and collaboration between HRSA and RCORP-RCOE recipients.***

Additional activity measures should include measures that assess both completion and success of program activities (i.e., process measures) *and* the impact of the project (i.e., outcome measures) on SUD and OUD in rural communities. HRSA encourages applicants to consider additional measures related to the following RCORP-RCOE program activities:

- (1) Effectiveness and impact of evidence-based SUD interventions in rural settings, including clinical outcomes measures;
- (2) "Providing scientific and technical assistance to county and state health departments and other entities as identified"⁴¹ by HRSA and the recipient;
- (3) Identifying "science-based prevention, treatment, and other risk reduction interventions, including community-based approaches that may be replicable in other rural communities and associated professional training;"⁴² and
- (4) Disseminating "best practices related to the treatment for and prevention of substance use disorders within rural communities, with a focus on the current opioid crisis and developing methods to address future substance use disorder epidemics."⁴³

⁴¹ House Report No. 115-952 at 521-522: <https://www.congress.gov/115/crpt/hrpt952/CRPT-115hrpt952.pdf>

⁴² Senate Report 115-289 at 58: <https://www.congress.gov/115/crpt/srpt289/CRPT-115srpt289.pdf>

⁴³ *Ibid.*

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Olusola Dada
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-0195
Email: Odada@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Aaron Beswick, MSW, MPH
Public Health Analyst
Attn: Federal Office of Rural Health Policy
Health Resources and Services Administration
233 North Michigan Avenue, Suite 200
Chicago, IL 60601
Telephone: (312) 353-7214
Email: ABeswick@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's EHBs. For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Logic Models

You can find additional information on developing logic models from the HHS Administration for Children and Families, including a *Logic Model Tip Sheet* at <https://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf> and a template at <https://www.acf.hhs.gov/node/47158>. Logic models can be important tools for program planning, collaboration, and monitoring. These diagrams can also be used to better understand a program's mechanics and structure as part of an effective program evaluation. You can find additional information on developing a logic model to guide evaluation from the HHS Substance Abuse and Mental Health Services Administration at <https://www.samhsa.gov/capt/sites/default/files/resources/developing-logic-model-guide.pdf>.

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Tuesday, May 7, 2019

Time: 1:00 – 2:30 p.m. ET

Call-In Number: 1-888-324-7521

Participant Code: 4030336

Weblink:

https://hrsa.connectsolutions.com/rural_communities_opioid_response_program-rural_centers/

Playback Number: 1-800-839-5154

Passcode: 43019

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 R&R Application Guide](#).